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ABSTRACT

In the past, neither the minority individual nor a third world perspective was to be found in the conceptualization or administration of mental health services to minorities. Changes in the emphasis from the Anglo/European focus to a socio-eco-political understanding of people of color were gradual. The final breakthrough came during the 1960s when third world practitioners and scholars developed a theoretical framework applicable to the experience of the third world community. The present state of the mental health field shows an encouraging growth in the pool of available books, articles, research and training opportunities for third world people. However, the debate over the mental health problems of minorities has failed to address the fundamental question of the allocation of resources to combat the problems faced by this population. If any gains are to be made in the future, there should be more concern for the allocation of resources to minorities. In addition, a strong and healthy association of third world practitioners is needed to work for the goal of culturally based, culturally appropriate, non-class bound mental health services. (Author/EB)

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FUTURE DIMENSIONS OF MENTAL HEALTH SERVICES TO MINORITY COMMUNITIES

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FUTURE DIMENSIONS OF MENTAL HEALTH SERVICES TO MINORITIES

Carmen Carrillo, Ph.D.

I The Past

Before looking to the future of mental health services to third world communities it is helpful to review those services and how they have developed historically. There was, not very long ago, a complete dearth of materials in the area of mental health services to minorities in terms of available research, training programs dealing with their specific needs and trained personnel sensitive to the problems and needs of third world peoples. In short, neither the minority individual nor a third world perspective was to be found in the conceptualization or administration of mental health services to minorities.

For example, during my early experience as a graduate student I was faced with learning the paradigms used to examine how people function. The paradigm I was offered and expected to adopt was the European paradigm which was both culturally and class bound in the Anglo experience. Most of what I personally experienced with my family and friends and within the environment I knew did not make sense when applied to this definition. The European paradigm did not fit what I knew from my own experience, but at the time it was all that was available for me to work with.

The early breakthroughs in this cultural monopoly of psychological theory were made by liberal psychologists who had a progressive voice in the future of the discipline. There were individuals within the field such as Gordon Allport whose early studies of the authoritarian personality culminated in a scholarly work encountering inter-racial issues: "The Nature of Prejudice". His studies focused on and discussed racial attitudes and conflicts in society which the field of psychology had not yet addressed.

Allport's work paved the way for further inquiry in the psychology of race relations. Individuals outside the field also partook in this gradual change of emphasis from the Anglo/European focus to a socio-eco-political understanding of people of color. W.E.B. DuBois, a black historian, raised the position that the major contradiction of 20th century is not class, but race.

Apart from this initial thrust, voices from outside the United States were also influential. Franz Fanon pointed out the importance of oppression and liberation on emotional development and the consequent psychological effects on people of color. Albert Memmi explored the consequences of colonization on the psyche of the colonized and the colonizer, shedding light on the internal processes and behavioral consequences of oppression on subjugated peoples.

Another breakthrough was the human potential movement. Although some aspects of the movement are controversial, it served to develop group encounter work, the cybernetic feedback model, and auto-validation of experience in the face of official rejection. To a degree, these concepts have been useful in our work.

Finally, the struggle of the '60's was instrumental in the change within the psychological/mental health field. Individuals began to question the poverty of their various disciplines during this period, including the field of psychology, insofar as those disciples dealt with the problems and perspectives of third world people. Third world practitioners and scholars within educational and service institutions combined the above mentioned learnings with their own life experience to develop a theoretical framework applicable to the experience of the third world community.

II Today

The present state of the mental health field shows an encouraging growth in the pool of available books, articles, research, and training opportunities for third world people. Growing numbers of third world professionals and students are on call to respond to community needs. We could have not had this conference with a focus on the third world perspective in counseling ten years ago, nor even

five years ago with the quality and quantity of attendance here today. It is important to have us all here together to develop and refine the work begun long ago. We now presently have a greater access to the seats of power and to information gathering systems as well as possess and have access to a variety of skills we have not as peoples had in the past. At the state level we have third world people in decision making positions in various governmental departments, including the Department of Health. These individuals can support programs dealing with third world people and sensitive to their needs. This is necessary if we are to influence the direction of education, health and welfare and begin to control the impact to these programs on our communities.

We live in a post-industrial society which continues to be in the throes of major institutional changes. These changes necessarily have an effect on our individual communities. Our communities are not immune to these changes, since they are impacted by institutions like the schools, church, neighborhoods and media. The effects of these changes are serious and potentially dangerous. For example, the trend towards individualism and materialism can be seen in intra-group competitiveness and focus on acquiring funds rather than on the services to be provided with such funds. These effects are

no longer the purview of the Anglo communities but they are presently found within our own communities.

As our values change there is an insufficient emergence of ways to cope with our changing needs. There is much conflict among and within us. The very fabric of our communities' mental health is in danger while effective mechanisms to cope with change are developed. It is thus imperative that we develop concepts for what the health professions, in particular the mental health profession, can mean in relation to our communities. As third world practitioners we must pose the question within our field of whether the objective of our professional focus is to assist the individual and his/her family or to help the society at large. Are we helping the third world person to adjust to his/her mileau without questioning the milieu itself, or are we in the mental health field aware of the surrounding culture and its impact both negative and positive on the individual.

Generally speaking, there are two approaches taken to the issue of mental health problems of third world peoples. The first approach sets forth the position that minorities suffer less psychological problems than their Anglo counterparts because they are less psychologically minded, less sophisticated, and find it difficult to

deal in abstract thought processes. The second view is that minorities must have more psychological problems dueto their overall status and role in the society at large. Thus, since third world people are the major populations of the penal institutions and the in-patient mental health institutions as well as suffer a statistically higher 'push-out' rate in the educational institutions from the primary level through the graduate level the incidence and prevalence of psychiatric disorders indicates greater ill-health in these communities. This debate on the mental health problems of minorities has failed to address the fundamental question of the allocation of resources to combat problems of this nature. Third world people can and do have the same type of intellectual cognitive existential, emotional, and psychological problems as anyone else in the society. Third world communities, therefore must also have a share of the resources expended on the alleviation of those myriad psychosocial problems.

III Philosophy of Service

As third world people in the mental health field it is important to consider the philosophy of our service orientation, that is, whether we shall adopt a dialectical versus an idealist/static

philosophy of service. If we take on the idealist/static philosophy of service we become 'helpers' without idea of why we are helping or whom we are ultimately helping. However, if we analyze the philosophy of service according to the dialectical perspective we can evolve a critical consciousness and responsible approach. For example, the dialectical perspective views conflict as a positive act, as leading to growth and change through a sharing and interchange of ideas. In comparison, if one views conflict pursuant to the idealist/static perspective it can be seen as a negative occurrance which is threatening to one's individual power or turf. This static idealism leads to fuzziness in direction and thought, and mutual back-patting at the expense of the community's interests. In short, the dialectical perspective views problems as good because the ability to identify a problem indicates the availability of a solution, the static perspective views problems as negative and proceeds to 'sweep them under the rug' and obscure their impact. If we as mental health workers adopt a dialectical perspective and view conflict as positive we can use our service to catalyze change in the individual and society. This is an important consideration because if one looks at the overall politics of the mental health field one cannot isolate mental health as a field of service separate from the system it operates within.

It is clear that there is a direct correlation between a person's socio-economic status and race and the standard of mental health treatment he or she receives as a result. We cannot separate political reality from service provided within the mental health system. It is fairly common to think in idealistic terms which cloud our perspective of reality to view ourselves as human service workers available to "help", but it is important to examine not only the mental health agency's role within the larger society but also your personal role with the agency itself. We need a critical examination of what we are doing and the effect of our work to determine the impact we have and develop methods of improving the quality of our work. We owe no less to our communities.

IV The Future

The future of mental health services can be described as uncertain. The economy of the State of California is rapidly moving towards basing itself in the area of human service delivery. 70% of the jobs in the state are currently in the service area. Governor Brown recently stated that California is evolving towards being a therapeutic community. Furthermore, the Dymally report establishes the minority population in the State of California at 9,536,600 or 37.8% of the total state population of 25,201,600. In contrast,

the monies allocated for mental health services are distributed unfairly with minorities receiving far less than their pro rata share. When the state government recently discovered a $4 million dollar surplus in its budget the Governor formed a task force to develop a plan to restructure the mental health system. The task force invited parties across the state to develop proposals for programs to benefit the mental health in their communities. Of a $180.0 million dollar packet written by the Governor's task force only $3.2 million dollars was requested for services to minorities. Thus, in a state which has a minority population estimated to become majority by 1998, less than 5% of the funds were allocated for mental health services.

As Chairperson of the Citizens Advisory Council and of the Council's Services to Minorities Committee, I objected to the low allocation of resources to minority programs. I researched the issue and discovered the low allocation ($3.2 million) was based on the amount requested by the counties submitting proposals. Many counties with a high minority population had not even requested any allocation of the resources made available. For example the following counties with a high minority population did <u>not</u> request any funds for minority mental health services:

County	Percent Minority Population
Alpine	24%
Colusa	21.9%
Fresno	43.9%
Imperial	53.6%
Kern	25.5%
Los Angeles	32.9%
Monterey	33.1%
San Benito	48.1%

Examining these figures forces one to wonder what is occuring when people are given absolute freedom to request monies for minority communities and no requests are made for minorities by counties with significant percentages of people of color. Thus, it becomes impossible to separate politics from our services when polities determines what services our communities will receive. All of us must be more concerned with the allocation of resources to our communities. We must mobilize and make requests for services and substantiate our request by demonstrating the need within our communities and therefore the failure to allocate funds is justified on this basis. It is up to us to organize our communities and to demonstrate the need to obtain a proper allocation of services. If our communities have at least the same degree and extent of problems they should have the same proportion of resources allocated to assist them in combating those problems.

Through consciousness-raising by means of the Citizen's Advisory Council the low request mentioned above has currently been tripled. To accomplish this, time and energy were necessary to do research, develop position papers and proposals and educate and inform people. But, the struggle continues.

The state and individual counties have been slow on developing a data base for minority communities to catalyze this effort. The minority members of the Citizens Advisory Council have created a Services to Minorities Committee, which I chair. The Committee will conduct hearings across California on mental health services to minorities and use the information obtained to develop a data base for the future allocation of funds to our communities. The hearings will be in the following places on the data indicated; Fresno, April 19, San Francisco, May 17; El Centro, June 23, Chico, July 26. It is imperative that all individuals concerned with the delivery of services to minorities attend the hearings and submit testimony.

People have the right to culturally-based, culturally-appropriate, non-class bound mental health services. We need a strong and healthy association of third world practitioners and should work toward that goal. Finally, we have many choices and responsibilities facing us

in the future. First, as just discussed, we must become advocates within our individual communities for the proper allocation of resources to minorities. Second, we have the personal responsibility to monitor the quality of our efforts as mental health practitioners. We must always ensure cultural-language definitions without being static or dogmatic, Next, we must ask ourselves who or what are we serving, the individual or the society, for a determination of the philosophy of our service to our communities. Finally, we must be willing to determine not only the quantity but the quality of services our people are going to receive.

Although there is uncertainty in our future with the spectre of the Bakke decision, threatened cut-backs in funds to our communities, and the general trend toward conservatism in our society, I can only conclude that the future is uncertain but the future is ours.